

FRN

0014070999

Not Applicable

# Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: 0000101244Submit Date: 2020-01-28FRN: 0014070999Purpose: Noncommercial Broadcast Stations Biennial Ownership ReportStatus: ReceivedStatus Date: 01/28/2020Filing Status: ActiveStatusStatusStatus

# **Section I - General Information**

#### 1. Respondent

Entity Name

University of Idaho

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
875 Perimeter Drive MS 4271	Moscow	ID	83844- 4271	+1 (208) 885- 2220	troberts@uidaho. edu

#### 2. Contact Representative

Name	Organization	
Tara Roberts	University of Idaho Student Media	

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
301 Bruce M. Pitman Center 875 Perimeter Dr MS 4271	Moscow	ID	83844- 4271	+1 (208) 885- 2220	troberts@uidaho. edu

# 3. Application Filing Fee

4. Control of Respondent

(a) Pr	(a) Provide the following information about the Respondent:				
Relat	ionship to stations/permits	Licensee			
	Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?		No		

(b) Provide the following information about this report:

Purpose	Biennial
"As of" date	10/01/2019
	When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

### 5. Licensee(s) and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name	FRN			
University of Idaho	0014070999			
		1		
Fac. ID No.	Call Sign	City	State	Service
69362	KUOI-FM	MOSCOW	ID	FM

### Section II – Biennial Ownership Information

1. 47 C.F.R.Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all<br/>contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this<br/>report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select "Other." Non-Licensee<br/>Respondents should select "Not Applicable" in response to this question.

Not Applicable.

2. Ownership Interests (a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A "direct" interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission's Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information				
FRN	0014070999			
Entity Name	University of Idaho			
Address	PO Box			
	Street 1	875 Perimeter Drive MS 4271		
	Street 2			
	City	Moscow		
State ("NA" if non-U.S. address)		ID		
	Zip/Postal Code	83844-4271		
	Country (if non-U.S. United States   address) United States			
Listing Type	Respondent			

Ownership Information

<b>Positional Interests</b> (check all that apply)	Respondent			
Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity			
Interest Percentages	Voting 0.0%			
(enter percentage values from 0.0 to 100.0)	Equity	0.0%		
	Total assets (Equity Debt Plus)	0.0%		
Does interest holder have an attributable interest in one or more broadcast stations No that do not appear on this report?				
	at any interests, including equi nis filing are non-attributable. an explanation.	ty, financial, or voting	Yes	
(c) Is Respondent seeking an attribution exemption for any officer or director with No duties wholly unrelated to the Licensee(s)?				

If "<u>Yes</u>," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.

#### 3. Organizational Chart (Licensees Only)

Certification

Attach a flowchart or similar document showing the Licensee's vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

#### Non-Licensee Respondents should select "N/A" in response to this question.

File Name	Uploaded By	Attachment Type	Description
<u>Organization Chart - U of I - Leadership 8.2019.</u> <u>pdf</u>	Applicant	Ownership Chart	A University of Idaho organizational chart

## **Section III - Certification**

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON	
	THIS FORM ARE PUNISHABLE BY	
	FINE AND/OR IMPRISONMENT (U.S.	
	CODE, TITLE 18, SECTION 1001), AND	
	/OR REVOCATION OF ANY STATION	
	LICENSEOR CONSTRUCTION	
	PERMIT (U.S. CODE, TITLE 47,	
	SECTION 312(a)(1)), AND/OR	
	FORFEITURE (U.S. CODE, TITLE 47,	
	SECTION 503).	

Certification	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Director, Contracts &amp;</b> <b>Purchasing Services</b> Exact Legal Title or Name of Respondent: <b>Julia</b> <b>R. McIlroy</b> Name: <b>Julia McIlroy</b> Phone: <b>2088856123</b>
		01/28/2020